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**Fax**

**To:** Examiner Terri L. Smith  
Art Unit: 3762

**From:** Thomas Spinelli, Esq.  
Registration No.: 39,533

**Fax:** 571-273-8300

**Pages:** 16

**Phone:** 571-272-7146

**Date:** December 18, 2006

**Re:** USSN: 10/635,045  
Our Docket: 16919

**CC:**

**RESPONSE TO THREE-MONTH OFFICE ACTION**

The following is being filed with the U.S. Patent and Trademark Office via facsimile on December 18, 2006:

1. Response W/Transmittal in Duplicate
2. Certificate of Transmission Under 37 C.F.R. 1.8

Applicants: Masahide Yamaki, et al.  
Serial No.: 10/635,045  
For: MEDICAL CONTROL DEVICE, CONTROL METHOD FOR MEDICAL  
CONTROL DEVICE, MEDICAL SYSTEM DEVICE AND CONTROL  
SYSTEM  
Filed: August 5, 2003  
Docket: 16919  
Dated: December 18, 2006  
TS:cm

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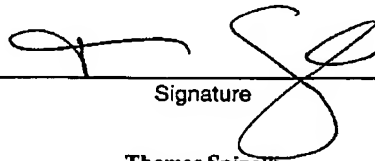
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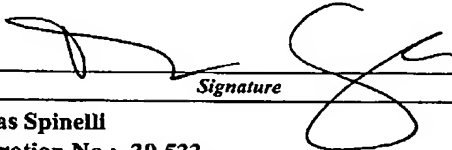
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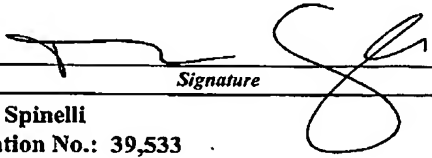
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>16919</b>									
Applicant(s): <b>Masahide Yamaki, et al.</b>														
Application No. <b>10/635,045</b>	Filing Date <b>August 5, 2003</b>	Examiner <b>Terri L. Smith</b>	Customer No. <b>23389</b>	Group Art Unit <b>3762</b>	Confirmation No. <b>6952</b>									
Invention: <b>MEDICAL CONTROL DEVICE, CONTROL METHOD FOR MEDICAL CONTROL DEVICE, MEDICAL SYSTEM DEVICE AND CONTROL SYSTEM</b>														
<u>COMMISSIONER FOR PATENTS:</u>														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	19 -	20 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ Signature			Dated: <b>December 18, 2006</b>											
<b>Thomas Spinelli</b> <b>Registration No.: 39,533</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="width:50%; text-align: center;">(Date)</td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>December 18, 2006</b>			
<b>Thomas Spinelli</b> Registration No.: <b>39,533</b>			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____          (Date)          _____          Signature of Person Mailing Correspondence          _____          Typed or Printed Name of Person Mailing Correspondence          _____       </div>			
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**Applicant(s):** Masahide Yamaki, et al.      **Examiner:** Terri L. Smith  
**Serial No:** 10/635,045      **Art Unit:** 3762  
**Filed:** August 5, 2003      **Docket:** 16919  
**For:** MEDICAL CONTROL DEVICE,  
CONTROL METHOD FOR  
MEDICAL CONTROL DEVICE,  
MEDICAL SYSTEM DEVICE  
AND CONTROL SYSTEM      **Dated:** December 18, 2006

**Conf. No.:** 6952

Mail Stop Amendment  
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P.O. Box 1450  
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**RESPONSE**

Sir:


In response to the Official Action dated September 18, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

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